

A SUPERVISOR'S VIEW of STAFF EVALUATION

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Maintenance of high standards of treatment in a physiotherapy department depends on full and effective use of the assets of each member of the departmental professional staff.² Unfortunately, only rarely during their working period are physiotherapists given effective guidance to help them to achieve their greatest potential. One means of providing such guidance is a staff evaluation or appraisal programme, the need for which has become increasingly evident over the past several years. The reasons, benefits, and objectives of such a programme will be set out in this paper. The types of format, frequency of appraisal and the effective use of the information gained will be discussed. It will be observed that any problems which do arise are usually small. While the following comments are directed to the evaluation of professional physiotherapy personnel, the same principles may be applied in the evaluation of other health workers both professional and non-professional.

The infrequency of staff evaluation in the past may be due to the lack of formal training of physiotherapy supervisors in such procedures, thus creating tendencies to avoid situations involving areas of inexpertise. This has often resulted in procrastination of decisions over staff problems resulting in persistence of difficult situations lasting for weeks, months or even years. Physiotherapy supervisors are realising that there is this void in their training and are taking advantage of the courses which are offered by other disciplines in this field. Courses are organised within physiotherapy professional associations to help overcome this deficiency. The Canadian Physiotherapy Association has offered post-congress courses in supervision and administration, and the American Physical Therapists Association has held an "Institute on Administration, Supervision and Consultation".

"In management most health professions are less skilled than they are in professional matters."¹⁴ In order to provide the best health care possible and at the same time decrease health costs, proper organisation and management are essential. If physiotherapists do not provide efficient managerial service, then management by other sources will take over. Governments or private organisations will not allow managerial inefficiency to deplete their working capital. Management skills need not be taught by members of the physiotherapy profession and should be taught by those trained in management.¹¹

Employee appraisal has been in use since man began working for another man for wages, but it is only in the last 50 years that this has been set up as a more formal policy. It has been said that one of the first employee rating devices was "character books" which Robert Owen introduced in his Lanark Cotton Mill in Scotland.¹³ Employee appraisal was widely used in World War I by the military services. Only recently have the health sciences seen the advantages and benefits of such a policy within their own organisations. The majority of literature on the subject is concerned with industry and when associated with a hospital type situation, usually only refers to union staff. Therapists may have to look to other fields for information; however, recently more has been written with a definite slant towards all allied medical professions. There may be more scope for utilization of information retrieved by performance appraisal in industry and business settings, but the idea of performance appraisal from these areas can be adapted to suit the needs of the physical therapy profession. It is universally accepted that employees appreciate immediate evaluation of their performance. Most employees welcome the opportunity to be part of an employee appraisal plan. A review of the literature shows that there are two schools of thought regarding the

use of ratings. One school advocates rating for use in wage increases, promotions and transfers, while the other group maintains that rating or appraisal is for supervision rather than management and that the purpose is to assist the individual to adjust to his position.^{7,12} This author concurs with the latter opinion.

Before embarking on a plan of employee appraisal, several decisions must be made:

1. What is the reason for the appraisal?
2. What are the objectives?
3. What type of appraisal form should be used?
4. Who does the rating?
5. How often should the appraisal be made?
6. How are the results to be communicated?
7. How can the results be utilised?

Reasons and Objectives

If one accepts the suggestion that appraisal is for supervision rather than for management, then the objectives can be defined as assisting the individual to achieve her* potential as a therapist. By using the combined assets of all the departmental staff, patient care can be improved.

How these objectives are reached, depends upon the type of appraisal and the use made of the results. In her paper, "The Critical Incident Method of Evaluation", McDaniel's stated that identification of the key actions of a physical therapist resulted in a profile of an ideal physiotherapist. The behaviours centre around six key activities:

1. The relationship with the patient.
2. Evaluation and resultant action.
3. Interpretation and execution of orders.
4. Techniques of teaching.
5. Co-ordination with other health services.
6. Manipulation of equipment.

These qualities should be developed during the primary education period of the physiotherapist, but unfortunately not all graduate physiotherapists maintain a high standard.⁶ It is advisable to include as many of these qualities in the appraisal as possible, but Wood¹² has suggested that not more than ten traits should be evaluated; more than this number could tend to make the appraisal too involved. The appraisal should be objective and the qualities observed should be necessary for all facets of physiotherapy.

Format

There are several types of forms in use today. One is the box score type where the evaluator checks whether the therapist is outstanding, satisfactory, or unsatisfactory in the various categories. This form may or may not have a space set aside for explanation of the rating given, and this does not insure that proper consideration is given to the reason for choosing a particular rating.

Another type of form comprises a grading of 1 to 5 on individual points. This form, too, may or may not allow for explanation of the grading. When such a form is reviewed, there is little indication of why a certain rating is chosen above or below another.

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*For simplicity, the therapist henceforth will be referred to in the feminine gender.

A third type of format, one preferred by this author, is an open type of form. The appraiser is required to state definitely her opinions based on observations. Comments and substantiation are thus recorded in the same place for easy reference.

Considerations for Therapist Appraisal

1. *Professional Ability.* This includes the therapist's knowledge of the job and how well the knowledge is applied. Some points to be covered include consideration of patients, alertness to comfort, the safety of the patient, and explanation of procedures prior to treatment. Knowledge of department policy and procedures should also be determined.
2. *Effort and Initiative.* Consider whether the therapist is industrious and evaluates the drive she displays to get results. Does she have ideas of her own? Does she use her ideas and the ideas of others for the most effective organisation and execution of assignments?
3. *Dependability.* Is the therapist willing to accept responsibility? Is she conscientious and reliable in the execution of assignments? Truthfulness, perseverance and loyalty should be considered.
4. *Inter and Intra-Departmental Relationships.* Effectiveness in carrying out public relations should be assessed. Does she gain and maintain the confidence of those she contacts on behalf of the department? Is there adequate communication between the therapist and other departmental personnel?
5. *Interest.* Consider whether the therapist has a genuine interest in the work she is doing. Does she take part in professional organisations?
6. *Judgement and Maturity.* Determine whether the therapist has the ability to make sound decisions based on knowledge. Does the therapist exhibit an expected level of maturity?
7. *Supervision and/or Working with Others.* Observe how well the therapist carries out supervision, if applicable, and note how easily she establishes rapport with her colleagues, students and other hospital personnel.
8. *Punctuality and Attendance.* Points to be considered would include promptness for work and appointments and what factors cause absenteeism.
9. What distinctive quality, characteristic or attribute possessed by the therapist is most beneficial to her?
10. What specific habit, characteristic or trait possessed by the therapist is most detrimental to her?
11. *Self-Improvement.* Determine what the therapist has done to improve her work habits or methods. Is she doing anything externally to add to her knowledge? If the therapist's attitude requires adjustment and this has been brought to her attention, is she doing her best to change it?

The above are only a few factors which can be assessed and are given as a guideline only. It is advisable to include the staff in the initial make-up and revision of the forms as it is they who are being assessed and they should be encouraged to participate in the total programme.

Who does the Rating?

For effective personnel appraisal, the evaluation should be done by the immediate supervisor.⁷ The physiotherapy supervisor should be acquainted with the strengths and weaknesses of the individual and how these are utilized or subjugated. Rating by one's peers has been used in industry as has evaluation by those in a more subordinate position.

Frequency of Appraisal

Lister⁸ stated that therapists should be conversant with their job description prior to appraisal. This should be carried one step further and the therapist should have knowledge of expectations prior to and certainly immediately after hiring. By advising the therapist of the appraisal programme, she is encouraged from the beginning to perform at a high level. In order to enable the therapist to

adjust to a new situation, appraisal is necessary at least once and preferably twice in the first six months. After the initial six months, annual appraisals should be sufficient. Ratings at longer intervals than yearly are not recommended, as the programme loses meaning.¹²

Circumstances may arise which necessitate a re-assessment, and the frequency of appraisal should be sufficiently flexible to meet all requirements.

Communication

Communication is perhaps the most important facet of the appraisal programme.⁴ The value of good communication techniques cannot be over-emphasised, for on communication rests the success or failure of the therapist appraisal programme. "A cognisance of communicative responsibility will be as fruitful in the ultimate achievement of professional practice as are the skills required in formal training and experience."⁸

Although all authors do not stress the need to acquaint the therapist of her performance appraisal, this author feels that without this communication, the objectives would not be reached and the whole appraisal programme would become meaningless. Personal interviews, during a non-pressure time, will give the therapist and supervisor time to discuss thoroughly the appraisal results and make plans to enable the therapist to achieve her own personal aims and goals. It is essential that the interviewer is knowledgeable in all areas of communications. One remark can effectively stop all further communication. Good listening and good listening techniques are of paramount importance.⁸

A great deal has been written on the merit of interviewing,⁹ and behaviour roles are suggested to suit almost any occasion. The interview situation insures that the interviewer adheres to the points of the appraisal form. Personalities must not be allowed to influence the judgement of the appraiser. Substantiation must be given for the rating, which is on performance only. The employee should have the opportunity for rebuttal, and should she feel that the appraisal is unjust, she should have recourse to higher authority.

Utilization

As the personnel appraisal programme is aimed toward the improvement of the therapist's performance and the subsequent quality of patient care, it is obvious that the therapist must realise her assets and learn to utilize them to her own advantage. She must come to terms with her deficits and try to overcome them. The therapist's own goals should be taken into consideration for any future plans. This can only be achieved through person-to-person communication. Recognition should be given to effort independently taken by the therapist to improve her own understanding of her performance.

It is important that the therapist realise from the beginning that the appraisal programme is directed primarily towards helping the therapist. Only with this understanding will the physiotherapy staff give the programme its full support thereby prompting success in implementation. It is the responsibility of the supervisor to ensure that the therapist feels free to question any statement and to make suggestions regarding future plans.

Once the supervisor has made her assessment and has discussed it with the therapist, care must be taken not to let the programme lapse. A personnel evaluation programme is only as good as its implementation. If the situation is allowed to remain static, little is gained by the information and understanding generated by the assessment.

The supervisor should now reassess her whole staff situation and programmes in order to move recently assessed persons into areas of the department where their assets can most benefit the total treatment programme. A therapist who has demonstrated a special aptitude for working with students, should be given the opportunity to utilize this skill to its fullest.

Through proper use of the therapist performance appraisal, the supervisor can foster a spirit of enthusiasm. By taking

advantage of the strengths of her staff and by making them aware of their standing in the total picture, her staff will obtain a higher degree of job satisfaction. The therapist who enjoys her work is a far more productive therapist who frequently applies a more inquiring attitude. This, again, leads to further development in the department to the mutual benefit of all.⁵

Performance is the key word in the appraisal programme and it is necessary that all concerned understand that it is performance only that is being rated and not personality. The therapist should be aware of her evaluation, her strengths and weaknesses, and how she can improve her performance – the emphasis should always be positive. Good communication techniques are of paramount importance to the overall programme.

Summary

In conclusion the writer has attempted to show that therapist evaluation is necessary. The appraisal format, frequency, and utilisation have been discussed. All participants must have complete understanding of the reasons, aims and objectives of the staff appraisal and these must be clearly defined at the beginning of the programme. The successful implementation and continuance of the staff evaluation programme is dependent upon the existence of open channels of communication.

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DYNAMIC MUSCLE TESTING and PROGRESSIVE RESISTANCE EXERCISES

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AVERAGE REPETITION MAXIMUMS IN YOUNG WOMEN

During the last four years the University of Stellenbosch has carried out dynamic muscle tests on all physiotherapy students entering their third year of training.

Since we have been unable to trace tables for women in the available literature, it was thought that the results of these tests might be of interest to other physiotherapists. The tables have been found to be of use when training students in techniques of progressive resistance exercises as well as when estimating the required repetition maximum in patients.

METHODS

Eight major muscle groups were tested. The starting positions chosen were basically those advocated by Daniels, Williams and Worthingham¹ for manual testing of muscles capable of producing movement against gravity. The exceptions were the quadriceps and the hip extensors, the starting positions for which are shown below (Figs. 1 and 2).



Fig. 1. Starting position for quadriceps testing.